APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS

| TYPE OF ACTIVITY: (Check applicable boxes): 1. DISPOSAL 2. TYPE: | FOR OFFICIAL USE ONLY | | | |
|--|---------------------------------------|----------------------------|-------------------------------------|---------------------------------------|
| DATE REJECTED: DATE REJECTED: ACCEPTANCE NATE OF RICOMPLETE APPLICATION. 11/3/2011 DATE DUE: DA | SWIS NUMBER: | FILING FEE: | RECEIPT NUMBER: | DATE RECEIVED: |
| DATE REJIGOTED: DATE REJIGOTED: CLOSET ACCEPTANCE DATE OF RICOMPLETE APPLICATION. DATE DUE: Part 1. GENERAL INFORMATION LENFORCEMENT AGENCY: City Of San Diego S. TYPE OF APPLICATION (Check one box only): 1. NEW SWEP and/or WORS A. REVISION OF SWEP and/or WORS S. EXEMPTION and/or WAIVER S. AMENDMENT OF APPLICATION 3. EXEMPTION and/or WAIVER S. AMENDMENT OF APPLICATION 4. TAGGLITTY: SYCALTON OF FACILITY: PHYSICAL ADDRESS OF LOCATION AND ZIP! A STALL ADDRESS OF LOCATION AND ZIP! B 514 Mast Boulevard Santee, CA 92071 LATITUDE AND LONGITUDE: Latitude 32 51' 44" Longitude 117 01' 33" LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION TOWN-SIP!, PANGE, ASSE, AND MERIDIAN IF SURVEYED: DISTANCE AND ADDRESS OF LOCATION AND ZIP! B 514 Mast Boulevard Santee, CA 92071 LATITUDE AND LONGITUDE: Latitude 32 51' 44" Longitude 117 01' 33" LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION TOWN-SIP!, PANGE, ASSE, AND MERIDIAN IF SURVEYED: DISTANCE AND MERIDIAN IN SURVEYED: DISTANCE AND MERIDIAN IN SURVEYED: DISTANCE AND MERIDIAN | 37-AA-0023 | \$700.00 | (1) (1) (1) (1) (1) (1) (1) (1) | 10/5/2011 |
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| 4. AUTO SHREDDER 9. INDUSTRIAL X 14. TIRES Aftered | | | | NASTE |
| | 3. ASH | X 8. DEAD ANIMALS | X 13. SEWAGE SLUDGE | |
| | 1 | | | |

| Part 3. FACILITY INFORMATION | |
|--|--|
| A. PROPOSED CHANGE (Check applicable box(es)): | |
| 1. DESIGN (describe): | |
| 2. OPERATION (describe):Tonnage Increase | |
| 3. OWNER, OPERATOR, ADDRESS, AND/OR FACILITY NAME CHANGE (d | describe): |
| x 4. OTHER (describe):_ RFI Amendment | |
| B. FACILITY INFORMATION: | |
| 1. INFORMATION APPLICABLE TO ALL FACILITIES: | |
| a. PEAK DAILY TONNAGE OR CUBIC YARDS | <u>5,165</u> Tons |
| 1) DISPOSAL/TRANSFER (unit) | <u>3.965</u> |
| 2) OTHER (unit) 700 Tons Green Material, Base Material 500 To | ons |
| b. DAILY DESIGN TONNAGE (TPD) | 3,965 Tons (Disposal) |
| c. FACILITY SIZE (acres) | 491 Acres |
| d. PEAK TRAFFIC VOLUME PER DAY (vpd) | 620 Vehicles/Day |
| e. DAYS AND HOURS OF OPERATION Permitted | 6 am to 4:30 pm M-F, Sat & Sun 6 am to 4:00 Pm |
| 2. ADDITIONAL INFO. REQUIRED FOR COMPOSTING FACILITIES O | Note, current JTD reflects closed on Sundays |
| a. SITE STORAGE CAPACITY (cu yds) NA | |
| 3. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY: | |
| a. AVERAGE DAILY TONNAGE (TPD) | 3,800 tons/day |
| b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) | 71,233,171 |
| c. SITE CAPACITY PROPOSED (Airspace) (cu yds) | <u>71,233,171</u> |
| d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) | 28,986,620 |
| e. SITE CAPACITY REMAINING (Airspace) (cu yds) | 42,246,551 |
| f. DATE OF CAPACITY INFORMATION (Date) (See instructions): | <u>2/28/2011</u> |
| g. LAST PHYSICAL SITE SURVEY (Date) | <u>3/19/2010</u> |
| h. ESTIMATED CLOSURE DATE (month and year) | 10/1/2031 |
| i. DISPOSAL FOOTPRINT (acres) | 324 |
| j. SITE CAPACITY PLANNED (cu yds) 170,000,00 | <u>oo</u> |
| k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) |) |
| (ii) WASTE-TO-COVER RATIO (Estimated) (v:v) | |
| OR 2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of lar | ndfill airspace) 0.834 ton/cy |
| Part 4. SOURCE OF WATER SUPPLY (Check applicable | boxes) |
| X]A. MUNICIPAL OF UTILITY SERVICE: Padre Dam | |
| B. INDIVIDUAL (wells): | |
| C. SURFACE SUPPLY: | |
| 1. NAME OF STREAM, LAKE, ETC. | |
| 2. TYPE OF WATER RIGHTS: | |
| | APPROPRIATION |
| 3. STATE PERMIT OR LICENSE NUMBER , IF APPLICA | ABLE |

| Part 5. COMPLIANCE W | ITH CALIFORNIA ENVIRONMEN | ITAL QUALITY ACT (CEQA |) (Check applicable boxes) |
|-------------------------------------|---|---------------------------------------|---|
| A. CHECK BOX(ES) IF ENVIRONM | ENTAL DOCUMENT WAS OR WILL BE PREPA | RED FOR THIS PROJECT AND PROVID | DE THE STATE CLEARINGHOUSE NUMBER (SCH#): |
| ENVIRON | IMENTAL IMPACT REPORT (EIR) SCH# | | |
| NEGATIV | E DECLARATION (ND)/MITIGATED NEGATIVE | DECLARATION (MND) SCH# | |
| | UM TO (Identify environmental document) | | |
| · - | NT(S) WAS NOT PREPARED, PLEASE PROVID | | |
| | | ETHE FOLLOWING INFORMATION. | |
| (x_CATEGO) | RICALISTATUTORY EXEMPTION (CE/SE) Existing Facility | | |
| | | | |
| Part 6. LIST OF ATTACH | MENTS (Fill in the date for each d | locument checked) | |
| A. REQUIRED WITH ALL APPL | ICATION SUBMITALS: | | |
| X RFI/JTD RDSI to JTD | | ENVIRONMENTAL DOCUMENTAL DOCUMENTAL | MENT(S): |
| X LOCAL USE/PLANNING PERMIT | S PDP 2002 | O EIA | |
| X LOCATION MAP | In JTD | * MND/ND_LDR 40-0765 | 2002 |
| X MITIGATION MONITORING IMPL | EMENTATION SCHEDULE | N/A □ EXEMPTION | |
| | | I ADDENDUM | |
| B. ADDITIONAL REQUIRED DO | OCUMENTS FOR LANDFILLS ONLY: | | |
| X OPERATING LIABILITY FINANCI. | AL MECHANISM | | ITY DOCUMENTATION |
| Attached CLOSURE/POST CLOSURE MAII | NTENANCE PLAN | Attached X LANDFILL CAPACITY SUF | IVEY RESULTS 2/28/2011 |
| X PRELIMINARY_ D FINAL 10/18/2005 | | | |
| C. IF APPLICABLE: | | | |
| | E | DEPT. OF HEALTH SERVE | CES PERMIT |
| CONTRACT AGREEMENTS | | SWAT (Air and water) | |
| STORMWATER PERMIT APPLICA | ATION | WETLANDS PERMITS | |
| NPDES PERMIT APPLICATION_ | | OTHER | |
| VÉRIFICATION OF FIRE DISTRIC | T COMPLIANCE | | |
| | | | |
| Part 7. OWNER INFORMA | ATION (For disposal site, if operator is di | ifferent from land owner, attach leas | se or other agreement) |
| TYPE OF BUSINESS: | | | |
| SOLE PROPRIETORSHIP | PARTNERSHIP | X CORPORATION | GOVERNMENT AGENCY |
| OWNER(S) OF LAND | | | SSN OR TAX ID # |
| Name): | Sycamore Landfill Incor | porated | |
| | | | 33-0777839 |
| DDRESS, CITY, STATE, ZIP | | | TELEPHONE |
| | Mailing: 8514 Mast Blvd | l, Santee, CA 92071 | 619-449-9026 |
| | | | 640 440 4050 |
| | | | 619-449-1050 E-MAIL ADDRESS: |
| | | | |
| | | | nmohr@republicservices.com |
| | | | Neit Mohr, General Manager |

| | - | | |
|--|---|--|--|
| TYPE OF BUSINESS: SOLE PROPRIETORSHIP | PARTNERSHIP | X CORPORATION | GOVERNMENT AGENCY |
| ACILITY OPERATOR(S) | | | SSN OR TAX ID #: |
| ame): | | | |
| Same As | Above | | Same As Above |
| DDRESS, CITY, STATE, ZIP | | | TELEPHONE |
| | | | Same As Above |
| | | | FAX #: |
| | | | Same As Above |
| | | | E-MAIL ADDRESS: |
| | | | Same As above |
| | | | Same As above CONTACT PE |
| | | | |
| | <u></u> | | Same As Above |
| DORESS WHERE LEGAL NOTICE MA | AY BE SERVED: | | |
| Same as Above | | | |
| art 9. SIGNATURE BLOC | K | | |
| certify under penalty of perjury tha elief. I am aware that the operato | | cility at the site specified above pursuar | ue and accurate to the best of my knowledge at to this application and understand that I may |
| certify under penalty of perjury that elief. I am aware that the operato sponsible for the site should the o | r intends to operate a solid waste far operator fail to meet applicable requi | cility at the site specified above pursuar | |
| ertify under penalty of perjury that elief. I am aware that the operato sponsible for the site should the construction of the state of the second sponsible for the site should the construction of the second sponsible for the site should the construction of the second sponsible for the second sponsible sponsible for the second sponsible sponsibl | r intends to operate a solid waste far operator fail to meet applicable requi | cility at the site specified above pursuar | |
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| certify under penalty of perjury that elief. I am aware that the operato sponsible for the site should the of GNATURE (MAND OWNER OF AGENTIME) NAME: Neil Mohr | r intends to operate a solid waste far operator fail to meet applicable requi | cility at the site specified above pursual irements. | |
| certify under penalty of perjury that elief. I am aware that the operato sponsible for the site should the common that the operators of the site should the common that the co | r intends to operate a solid waste far operator fail to meet applicable requi | cility at the site specified above pursual irements. | nt to this application and understand that I may |
| certify under penalty of perjury that elief. I am aware that the operator esponsible for the site should the common that it is should | r intends to operate a solid waste fai operator fail to meet applicable requi | cility at the site specified above pursual irements. 10/4 DAYE: | nt to this application and understand that I may |
| certify under penalty of perjury that elief. I am aware that the operator is possible for the site should the organization of the site should be organized the site of the site should be organized the site of th | r intends to operate a solid waste fail perator fail to meet applicable requint): T): I the information contained in this applicable. | cility at the site specified above pursual irements. 10/4 DAYE: | nt to this application and understand that I may |
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| certify under penalty of perjury that elief. I am aware that the operators sponsible for the site should the common spo | r intends to operate a solid waste fail perator fail to meet applicable requint): T): I the information contained in this applicable. | cility at the site specified above pursual irements. 10/4 DAYE: | nt to this application and understand that I may |
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| certify under penalty of perjury that the operators of the site should the operators of the site should the operators. INTED NAME: Neil Mohr T.E: General Manager Derator: Pertify under penalty of perjury that lief. INTED NAME: INTED NAME: NATURE (FACILIT) OPERATOR OF | r intends to operate a solid waste fail perator fail to meet applicable requint): T): I the information contained in this applicable. | cility at the site specified above pursual rements. 10/4 DATE: pplication and all attachments are true a | nt to this application and understand that I may |
| certify under penalty of perjury that the operators of the site should the operators of the site should the operators. INTED NAME: Neil Mohr T.E: General Manager Derator: Pertify under penalty of perjury that lief. INTED NAME: INTED NAME: NATURE (FACILIT) OPERATOR OF | r intends to operate a solid waste fail perator fail to meet applicable requint): T): I the information contained in this applicable. | cility at the site specified above pursual frements. 10/4 DATE: optication and all attachments are true a | at to this application and understand that I may |
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| elief. I am aware that the operator esponsible for the site should the construction of the site should the site should the construction of the site should the site should the construction of the site should the site should the site should the site should the construction of the site should | r intends to operate a solid waste fail perator fail to meet applicable requint): T): I the information contained in this applicable. | cility at the site specified above pursual rements. 10/4 DATE: DATE: | at to this application and understand that I may |